CLAIMANT'S REQUEST FOR PERSONAL WORKERS' COMPENSATION RECORDS

In accordance with the provisions of Idaho Code § 74-113, the undersigned requests a copy of their own workers' compensation claims from the records of the Idaho Industrial Commission, as described below. Requester agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.

	▲ ▲ ▲ ▲ ▲ ▲ I.C. RESPONSE/NOTE AREA:
Requester's Full Name:* Other Names Used:	
Social Security Number:*	
I C Cl : N 1	
Mailing Address:*	
Phone #/FAX #/Email:* ()	/()
Records Requested:*	
Claims History Search, including IC cla The past 5 years.	im status for: The past year period.
Hardcopy of Electronic First Report of The above noted claim.	Injury of: All claims in requested claims history search.
	closed by the Commission <u>after</u> January 1, 2004 are available claims closed <u>prior</u> to January 1, 2004 will require submission of
Hardcopy of claim file contents of: The above noted claim.	All claims in requested Claims History Search.
A copy of other workers' compensation Rehabilitation rec Other records (De	` ± • • •
(Note: Requests for workers' compensation record 2004 will require a separate submission of form	rds on claims closed by the Commission <u>prior</u> to January 1, RMR-6)
	is information be provided directly to:
	, acting as agent for requester, at:
(Address)	
Requesting Individual's Signature:*	
Date Signed:*	SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL
Date Signed.	COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX
(* = Completion mandatory)	83720, BOISE, ID 83720-0041 FAX: 208-334-2321 EMAIL: RECORDSMANAGEMENT@IIC.IDAHO.GOV